

## **Application Data Sheet**

### **Application Information**

Application number::	
Filing Date::	September 12, 2003
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	CAPTURING AND PROCESSING USER EVENTS ON A COMPUTER SYSTEM FOR RECORDING AND PLAYBACK
Attorney Docket Number::	006030.00004
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	2
Total Drawing Sheets::	8
Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Scott  
Middle Name::  
Family Name:: Gray  
Name Suffix::  
City of Residence:: Urbana  
State or Province of Residence:: IL  
Country of Residence:: US  
Street of mailing address:: 1501 Raintree Woods  
City of mailing address:: Urbana  
State or Province of mailing address:: IL  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 61802

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Patrick  
Middle Name::  
Family Name:: Flanigan  
Name Suffix::  
City of Residence:: Champaign  
State or Province of Residence:: IL  
Country of Residence:: US  
Street of mailing address:: 308 North Prairie Street, Apt. 206  
City of mailing address:: Champaign

State or Province of mailing address:: IL  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 61820

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Kendell  
Middle Name::  
Family Name:: Welch  
Name Suffix::  
City of Residence:: Champaign  
State or Province of Residence:: IL  
Country of Residence:: US  
Street of mailing address:: 312 West Springfield Avenue, Apt. #3  
City of mailing address:: Champaign  
State or Province of mailing address:: IL  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 61820

### **Correspondence Information**

Correspondence Customer Number:: 22908

### **Representative Information**

Representative Customer Number:: 22908

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

--	--	--	--

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name:: Useractive, Inc.  
 Street of mailing address:: P.O. Box 2305  
 City of mailing address:: Champaign  
 State or Province of mailing address:: IL  
 Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 61825